

FILED FEB 24 1942

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME Baby Perak

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased Jan. 23, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 2 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business.....

MOTHER FATHER { 12. Name Peter Perak
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Frances Armistead
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Peter Perak

(b) Address 2304 S. 3rd St.

17. (a) Burial (b) Date thereof Jan. 26, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director W. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) JAN 26 1942 (b) J. J. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis, Mo. (b) County 23
(c) City or town 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2304 S. 3rd St.
(If rural, give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25,
year 1942 hour 1:00 minute 40 P.M.

21. I hereby certify that I attended the deceased from January 23, 1942, to January 25, 1942
that I last saw him alive on January 25, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Prematurity
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 9 months of death)

Major findings:
Of operations.....

Of autopsy Same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Geo. W. Salmon (M.D. or other) M.D.

Address 1515 Lafayette Date signed 1/26/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4149

P. O. Address 1926 Allen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.